

Local Education Agency (LEA)
Ad Hoc Workgroup
March 2, 2005 Meeting Summary

Location: Sacramento City Unified School District

ATTENDEES:

Name	Organization/Title
1. Pam Wagner	Los Angeles Unified School District (LAUSD), Co-Chair
2. Barbara Schultz	DHS, Medi-Cal Benefits Branch
3. David Bass	DHS, Medi-Cal Benefits Branch
4. Linda Davis-Aldritt	California Department of Education (CDE) – Healthy Start
5. John DiCecco	LAUSD
6. Cathy Bray	Los Angeles County Office of Education (COE)
7. Cathy Bennett	Sacramento City Unified School District (USD)
8. Susan Hamblin	Stanislaus COE
9. Susan Bier	Konocti USD
10. Greg Englar	Sonoma COE
11. Laura Baynham	Mendocino COE
12. Rudolph Ramirez	Fresno USD
13. Judy Dorn	Fresno COE
14. Judy Holzapfel	Glenn COE
15. Mary Lou Lutz	San Bernardino City USD
16. Cynthia White-Piper	San Bernardino City USD
17. Kevin Harris	Navigant Consulting, Inc.
18. Bisim Lee	Navigant Consulting, Inc.
19. Gloria Eng	Navigant Consulting, Inc.
20. Marlana Evans	Navigant Consulting, Inc.

Handouts

Each participant received a folder with copies of the following: Agenda, Draft Medi-Cal Cost and Reimbursement Comparison Schedule, Other Healthcare Coverage (OHC) Survey Results, Senate Bill 231 Implementation Project Status Reports (October – December 2004), and Navigant Consulting's PowerPoint presentation.

Purpose

The meeting was convened by DHS in partnership with LAUSD. The purpose of the Workgroup is to improve the LEA Program. The emphasis of the meeting is to strategize various goals and activities aimed at enhancing Medi-Cal services provided on school sites and access by students to these services, while increasing federal reimbursement to LEAs for the cost of providing these services.

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Northern California Co-Chair

LAUSD proposed adding a Northern California Co-Chair. The Workgroup elected Laura Baynham for this position, which she accepted.

SPA 03-024 Update

CMS recently e-mailed additional questions regarding SPA 03-024 to DHS. In response, DHS will clarify the language in the SPA related to annual cost certification and reconciliation. CMS must approve or disapprove the SPA on or before March 16, 2005.

Action:

What: Notify the Workgroup by e-mail of CMS' decision regarding SPA 03-024.

Who: DHS

When: After DHS receives notification from CMS

Speech-Language and Audiology State Plan Amendment (SPA)

DHS is developing a new SPA to remove supervision requirements for speech-language practitioners who hold a Services Credential with Specialization in Clinical or Rehabilitative Services (CRS credential) issued by the California Commission on Teacher Credentialing (CCTC). Speech-language practitioners who were initially issued their credentials prior to 1971 may not hold a CRS credential. To provide services in the LEA Program, speech-language practitioners without a CRS credential, as well as credentialed audiologists, must be supervised by licensed practitioners. Since the number of credentialed speech-language and audiology practitioners who must be supervised is relatively small, the Workgroup recommended the inclusion of these practitioners in the new SPA, unless the probability or timeliness of SPA approval is affected.

Action:

What: Update the language in the new SPA to allow credentialed speech-language practitioners who do not hold a CRS credential and credentialed audiologists to provide services under the direction of licensed practitioners. Submit the SPA to Legal for review and then to the Centers for Medicare and Medicaid Services (CMS) for approval.

Who: DHS

When: After CMS makes a decision regarding SPA 03-024

LEA Provider Manual Revisions

Navigant Consulting described licenses and credentials required for qualified practitioners to provide services in the LEA Program. The Workgroup noted that according to state regulations, a licensed clinical social worker may hold a pupil personnel services credential or a health services credential, although CCTC has not

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always issued the health services credential. Navigant Consulting also described exceptions to the general requirement that a licensed practitioner hold a valid credential to provide health services in the schools.

Action:

What: Contact Gil Pilasio at LAUSD for the name of the person at CCTC who is knowledgeable about issuing health services credentials to licensed clinical social workers.

Who: Navigant Consulting

When: Not Specified

Cost and Reimbursement Comparison Schedule

Federal regulations require cost reconciliation at the end of each fiscal year in certified public expenditures programs, such as the LEA Program. The Cost and Reimbursement Comparison Schedule (CRCS) compares the federal share of each LEA's actual costs to interim Medi-Cal payments made for LEA services. LEA providers will be required to annually report actual costs and annual hours worked for practitioners who provided LEA services during the preceding fiscal year. The CRCS and supporting documents must be submitted on or before November 30th of each year. DHS will complete the CRCS with information from paid claims data following submission by the provider. DHS Audits and Investigations (A&I) will conduct a desk or field audit of each CRCS to reconcile the federal share of each LEA's actual costs to interim Medi-Cal payments in a final settlement.

The Workgroup noted that LEAs should set aside a reserve in case there is a significant discrepancy between certified costs and interim Medi-Cal payments, and recommended CRCS training sessions for financial personnel during the summer.

Action:

What: Develop a CRCS timeline and post on the LEA website.

Who: DHS

When: Not Specified

Action:

What: Prepare ranges and distributions of practitioner hourly costs from the LEA Program Rate Study.

Who: Navigant Consulting

When: Not Specified

Action:

What: Modify the language and formatting in the CRCS to clearly identify the information that LEAs must provide.

Who: Navigant Consulting

When: Not Specified

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Action:

What: Separate Counselors and Social Workers into distinct line items in the CRCS.

Who: Navigant Consulting

When: Not Specified

Potential Re-billing Alternatives

A meeting with Payment Systems Division, EDS, and A&I regarding re-billing was held in February. Three potential re-billing alternatives, subject to CMS approval, were discussed:

- Providers submit a CRCS for each fiscal year to be adjusted for changes between the old and new rates. Rate adjustments are paid/recovered in the final settlement.
- DHS determines an average rate change for each LEA service billed under existing codes based on data from claims paid at the new rates. Providers receiving rate adjustments must submit a CRCS for each fiscal year with services that have been reimbursed under the new rates.
- Providers submit Claims Inquiry Forms to void claims for LEA services that have already been paid and then submit re-billed claims using new national billing codes which reflect the new rates. Providers that submit re-billed claims must also submit a CRCS for each fiscal year with services that have been reimbursed under the new rates.

The Workgroup stressed that providers must have the ability to “opt in” to any re-billing alternative that is implemented.

Action:

What: Discuss potential re-billing alternatives with CMS.

Who: DHS

When: After approval of SPA 03-024

Prescriptions, Referrals, and Recommendations

DHS will draft a letter to CMS to clarify guidelines for prescriptions, referrals, and recommendations. Examples of protocols currently used to document referrals and prescriptions were provided to DHS during the meeting. The Workgroup asked about the possibility of drafting emergency regulations that will include changes to state regulations related to practitioners who can prescribe, refer, or recommend services, wheelchair van transportation (to allow reimbursement for special education students who are not transported in wheelchairs), and vision assessments (to align with education regulations regarding testing of visual acuity).

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Action:

What: Draft letter regarding prescriptions, referrals, and recommendations to CMS and send to Workgroup for review.

Who: DHS

When: ASAP

Action:

What: Consult with Legal regarding an emergency regulations package for the LEA Program.

Who: DHS

When: ASAP

Potential New Services

The transportation field visits were completed in January 2005, and a cost survey for special education transportation was drafted. A meeting with the transportation sub-workgroup and other stakeholders will be scheduled to discuss the results of fieldwork and to finalize the cost survey. After the transportation meeting is held, a meeting with CMS to discuss potential new services will be scheduled.

Survey results from the Behavioral Aide Questionnaire were summarized. Seventeen LEAs completed the questionnaire. Job titles for behavioral aides, supervisors of behavioral aides, and personnel who conduct functional behavioral assessments included educational personnel, such as instructional assistants, teachers, and special education teachers, respectively. Most LEAs assign each behavioral aide to only one student, and many behavioral aides perform other services, such as personal care as part of their responsibilities. The Workgroup recommended clarification of the definition of behavioral aide services and the qualifications of behavioral aides, their supervisors, and personnel who may conduct functional behavioral assessments.

Action:

What: Navigant Consulting to research Non-Public Agency rates and hours for functional behavior assessments on the CDE website. The Workgroup (Susan Bier, Susan Hamblin and Pam Wagner) to provide contract information for behavioral intervention services.

Who: Navigant Consulting and Workgroup

When: Not Specified

Insurance Carrier Survey Update

Navigant Consulting reviewed the updated Other Health Coverage (OHC) Survey schedules with the Workgroup. LEA providers do not have to bill Healthy Families insurance carriers for LEA services; these carriers are identified by the letters HF in their names. The OHC Survey schedules will be posted on the LEA Program website after instructions have been prepared.

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Free Care and Third Party Liability (TPL)

The Workgroup will contact state legislators to support a request for an opinion issued by the California Attorney General regarding the effect of the Oklahoma decision on the ability of LEA providers to bill for free care services. If LEA providers were allowed to bill for free care services provided during fiscal year 2004-2005, anticipated layoffs for nurses may be reduced.

LAUSD, on behalf of the Workgroup, will send a formal request to DHS with a copy sent to federal legislators to request a waiver of TPL requirements from CMS. Although CMS denied this request two years ago, the Workgroup believes that the Oklahoma decision supports the approval of a TPL waiver if the state can document that administrative efforts to meet TPL requirements are not cost effective. Time spent by LEA providers to collect information and bill for OHC as well as time spent by DHS and Navigant Consulting to administer and review the OHC survey should be included in this documentation.

Action:

What: Provide denials, time estimates, and other support to document the administrative burden of complying with TPL requirements.

Who: Workgroup and DHS

When: Not Specified

Future Workgroup Meetings

The next Workgroup meeting for providers only is scheduled for April 6th. The next Workgroup meeting for DHS and providers will be held in Sacramento on May 4th.